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| Effective on 12/08/2004. Foos pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). | | | Complete if Known | | | | | |
|--|------------|----------------------------|-------------------------------------|-----------|------------------------|------------------|--------|--|
| | | | Application Number 1 | | 10/781,875-Conf. #5416 | | | |
| FEE TRANSMITTAL | | | Filing Date F | | February 20, 2004 | | | |
| | | | First Named Inventor Ma | | Masanori YOS | lasanori YOSHIDA | | |
| For FY 2008 | | | Examiner Name T | | T. J. Henn | | | |
| Applicant claims small entity status. See 37 CFR 1.27 | | | 741 01111 | | 2622 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 180.00 | | | Attorney Docket No. 08 | | 0879-0428P |)879-0428P | | |
| METHOD OF PAYMENT (check all that apply) | | | | | | | | |
| Check Credit Card Money Order None Other (please identify): | | | | | | | | |
| X Deposit Account Deposit Account Number 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP | | | | | | | | |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) | | | | | | | | |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee | | | | | | | | |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | | | | | | | | |
| FEE CALCULATION | | | | | | | | |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES | | | | | | | | |
| Application Type Fee (\$ | | ee (\$) | | Fee (\$ | - | Fees Paid (\$) | | |
| Utility 310 | 155 | 510 | 255 | 210 | 105 | | | |
| Design 210 | 105 | 100 | 50 | 130 | 65 | | | |
| Plant 210 | 105 | 310 | 155 | 160 | 80 | **************** | | |
| Reissue 310 | 155 | 510 | 255 | 620 | 310 | | | |
| Provisional 210 | 105 | 0 | 0 | 0 | 0 | | D., | |
| 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$) | | | | | | | | |
| Fee Description Each claim over 20 (including Reissues) 50 25 | | | | | | 25 | | |
| Each independent claim over 3 (including Reissues) 210 10 | | | | | | 105 | | |
| Multiple dependent claims 370 18 | | | | | | 185 | | |
| Total Claims | | aid (\$) Multiple Dependen | | nt Claims | | | | |
| | * <u>*</u> | | | E | <u> </u> | Fee Pald (S | 1 | |
| HP = highest number of total claims paid for | | | | | | | | |
| Indep. Claims Extra Claims Fee (\$) Fee.Pa | | | aid (\$) | | | | | |
| HP = highest number of independent claims paid for, if greater than 3. | | | | | | | | |
| 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35.U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | | | | | | | | |
| Total Sheets Extra Sheets. Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) | | | | | | | | |
| - 100 = /50 = (round up to a whole number), x = 4. OTHER FEE(S) | | | | | | | | |
| 4. OTHER FEE(S) Non-English Specification: \$130 fee (no small entity discount) | | | | | | | | |
| Other (e.g., late Higg syrcharge): //806 Submission of an Information Disclosure Statement 180.00 | | | | | | | | |
| SUBMITTED BY) / / / | | | | | | | | |
| Signature Signature | | ŤŢ | Registration No (Attorney/Apent) | 40,439 | Telephone | (703) 20 | 5-8035 | |
| Name (Print/Type) D. Richard Ander | rson | | Imministrations. | | Date | January : | | |

